

# Association News

## CANADIAN MEDICAL ASSOCIATION BOARD OF DIRECTORS MEETING

SEPTEMBER 26-27, 1969

### C.M.A. House—Ottawa

Bricklayers' strike—carpenters' strike—electricians' strike—glass left on the dock in England, light fixtures not available, construction delayed by lack of Ontario Municipal Board approval—schedule disruptions.

Grand Total—C.M.A. House not available.

The construction history of C.M.A. House in Ottawa is about normal for buildings of its type and size. The C.M.A. Board learned that it is unlikely that the building will be finished before early 1970—although it is hoped that the Secretariat may obtain occupancy of part of the building during November.

To meet the land purchase conditions of the National Capital Commission, ensuring that the three-acre site is landscaped in keeping with the quality of the building, the surrounding N.C.C. park and private homes, the C.M.A. has retained a landscape architect. A \$15,000 expenditure was approved to level, sod and provide preliminary planting for the area. This will implement by spring 1970 phase 1 of the architect's approved five-year plan.

While the Board has often expressed its intention "to build a new home for organized medicine—that will not only serve our needs but of which the profession may be proud", the Finance Committee requested the elimination of a number of auxiliary items. These savings will be used for a large part of phase 1 of the landscaping.

The Association decided that it was unable to make land available from its Alta Vista site to enable sister professional associations to build a national office.

### The Journal

It was reported to the Board that: owing to illness, The Association has lost the service of Dr. L. R. Rabson, Associate Editor, and Mr. L. Sawyer, Advertising Manager for an indefinite period. "Rab", as he is known by hundreds of the membership, has had additional "pump trouble", but it is hoped will be available for part-time service in the not too distant future. Lloyd underwent major surgery on his larynx in mid-September.

The Honourable Thomas Wells, formerly Advertising Manager, Publications, was sworn into office August 15 as Minister of Health, Province of Ontario.

The Board was also informed that the services of Dr. J. O. Godden, part-time Editor of *The Canadian Journal of Surgery*, could not be retained on their present basis.

Reorganization of the Publications Staff, to meet new operational requirements, required engaging these personnel, as the Board approved:

- engagement of medical news editors, located in both Ottawa and Toronto;
- promotion of Miss G. Colbeck to Assistant Editor, *The Canadian Journal of Surgery*;
- confirmation of Mrs. I. E. Stauffer as The Association's Chief Librarian on a full-time basis.
- In addition to his responsibilities for the clinical and scientific content of *The Journal*, Acting Editor Dr. J. R. Anderson and his Associate, Dr. A. W. Andison, were assigned responsibility for the scientific content of *The Canadian Journal of Surgery*.
- Classification of the relative responsibilities of the Editor and the Business Manager; the Board designated the Business Manager as responsible for Medical News content of *The Journal* in addition to business management, sales, graphics and production.

## BRITISH COLUMBIA

DR. J. H. QUASTEL  
HONOURED BY MCGILL

Dr. J. H. Quastel, professor of neurochemistry and honorary professor of biochemistry at the University of British Columbia, received the honorary degree of Doctor of Science at McGill's annual Founders' Day Convocation on October 8.

Dr. Quastel, who was a member of the McGill faculty for 29 years before joining the U.B.C. faculty in 1966, is internationally known for his work in the field of neurochemistry and biochemistry.

In 1928, while teaching at Cambridge University, Dr. Quastel evolved a concept which led to an understanding of the action of enzymes, the proteins produced by living cells in plants and animals and which act as promoters of the chemical changes on which life depends.

During World War II, while working for the soil metabolism unit of the British Agricultural Research Council, Dr. Quastel was largely responsible for the discovery of the weed-killer 2,4-D and development of a widely used soil conditioner called Krillium.

## ALBERTA

DR. EARLE SCARLETT

Dr. Earle Parkhill Scarlett of Calgary, a senior member of the C.M.A., received an honorary degree from the University of Calgary at the University's Autumn Convocation on October 17.

Dr. Scarlett, born in High Bluff, Manitoba, received his early education in Winnipeg, and in 1916 received a B.A. from the University of Manitoba.

Dr. Scarlett was Chancellor (1952-58) and a member of the board of governors at The University of Alberta (1946-58) and for many years has been prominent in the community life of Alberta.

He was the founder and editor of the *University of Toronto Medical Journal* (1922-24) and editor of the *Historical Bulletin*, published by the Calgary Associate Clinic (1936-58).

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## Lobby Protest

The Board also confirmed the decision of the Executive Committee not to participate in a lobby protest of postal rate increases on Parliament Hill.

## Munro Task Forces Report

The Board recognized the importance to the future of health care in Canada and the profession's participation in its preparation and the need for detailed study of the entire report's content prior to public comment. The Board directed that "a letter be sent to the Minister of National Health and Welfare, the Honourable John Munro, formally requesting that copies of all reports *in toto* be provided to The Association for study."

## Economic Council of Canada

The Board reviewed the recently released Economic Council of Canada Interim Report on Competition Policy—calling for lay representation on medical licensing bodies, and a "new system of establishing professional fees". It was agreed that the public comments of the President (*Journal*, October 18, 1969) adequately covered the situation and no further action was required.

The Board directed that a résumé of the Council Report—the C.M.A. comment plus the activities of the federal Income and Prices Commission re medical economics—be prepared for the C.M.A. Divisions.

## Meetings

The President, Dr. R. M. Matthews, reported on his attendance at the meetings of the World Medical Association (Paris), the American Medical Association (New York), the Scottish Division of the B.M.A. (Edinburgh) and the National Science and Engineering Conference (Ottawa) during the summer months.

As host for the 1971 World Medical Association meeting, Dr. Matthews recommended that The Association:

- Send four delegates to the 1970 meetings in Oslo to study W.M.A. meeting requirements.
- Select its nominee for President-Elect in 1971.
- Consider moving the site for this meeting from Toronto to the nation's capital.

## 1971 C.M.A. Meeting

On behalf of the Newfoundland Division, Dr. A. T. Rowe submitted an invitation to hold the meetings of the Board of Directors and General Council of the 1971 Annual Meeting in St. John's. Owing to a lack of accommodation, it would be necessary to conduct the scientific program in Halifax. The Secretariat was instructed to poll the Division on this question, consult the Finance Committee on economic implications, and present a feasibility study to the next meeting of the Board.

## Congratulations—C.C.F.P.

The Board requested that the President extend C.M.A. congratulations to the Canadian College of Family Practice, and those receiving certificates and fellowships, on the first convocation of the College in Toronto on September 30.

## C.M.A. COUNCILS

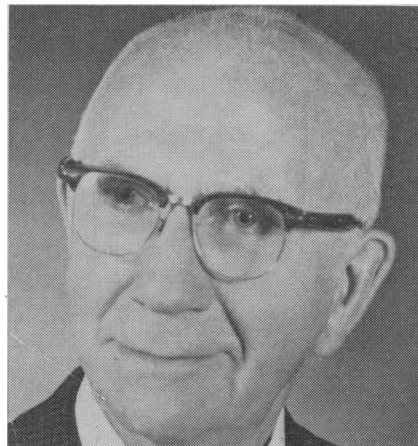
### Medical Education—September 15-16

The Report of the Medical Education Council Meeting (see *Journal*, October 18, 1969) was received and approved. Dr. W. J. S. Melvin was appointed to serve as C.M.A. representative to the Association of Canadian Medical Colleges and Dr. E. A. Rodko is to serve in a similar capacity with the Canadian Association of Radiological Technicians.

## ALBERTA (Continued)

Dr. John W. Scott

Honoured by U. of A.



Dr. John W. Scott, Dean of Medicine at the University of Alberta from 1948 to 1959 and a practising physician in Edmonton since 1923, was honoured with the degree of Doctor of Laws, *honoris causa*, at the University on October 6.

Dr. Scott was born in Ireland in 1894 and received his early education in Belfast. He emigrated to Boston in 1908 and moved to Edmonton four years later. After a year's study at Alberta College, he entered the Faculty of Medicine at the University. World War I interrupted his education by his going overseas to serve with the Royal Tank Corps. Afterwards, he studied at Khaki University in Glasgow. Dr. Scott returned to Canada and in 1921 graduated from the Faculty of Medicine at McGill University.

In 1923 he joined the Department of Biochemistry at the University of Alberta as an assistant professor and set up medical practice in Edmonton.

Dr. Scott left the city in 1929 and served for a year as an assistant professor in the Department of Biochemistry at McGill, before returning to England for two years of postdoctoral training in internal medicine at the London Hospital Medical School. He also attended the University of Chicago and the University of Michigan for further training.

Following this study, Dr. Scott returned to the University of Alberta as Professor of Medicine and Director of Medicine at the University of Alberta Hospital in 1944. He was named Dean in 1948.

**Personal Services to Physicians—September 4 and 5**

In addition to tabling and receiving approval of their report (see *Journal*, October 4, 1969) Dr. N. J. Blair, Chairman, and Dr. J. D. Leishman outlined the difficulties and delays being encountered in the launching of the new Lancet Performance Fund.

Originally scheduled to be opened in mid-September, the Fund encountered a number of minor legal, technical and provincial security commission clearance problems. This delayed promotion of the Fund to early October.

**The Board:**

- directed that Lancet Management Ltd. proceed with the next step in assuming administrative responsibilities for the C.M.A.R.S.P.-C.M.A.I.F. and other investment programs of The Association by entering into an agreement with the Royal Trust Company and the National Life Assurance Company.
- Directed that C.M.A.R.S.P.-C.M.A.I.F. administrative reserve funds be made available to Lancet Management Limited for the effective continued operation of C.M.A.R.S.P.-C.M.A.I.F.-Lancet Performance Fund Ltd., and related programs.

**Council on Medical Economics**

The Board accepted the Report of this Council (*Journal*, October 18, 1969) with one exception. The Board decided that The Association should submit a brief to the Special Senate Committee on Poverty and directed that this matter be referred to the Council on the Provision of Health Services for action.

**Council on Provision of Health Services**

Again this Council's Report was accepted with one exception. The Board concluded that the former C.M.A. Special Committee on General Practice chaired by Dr. Bryson Murray, Winnipeg, had served a very useful purpose re the special "medical economic and political problems of this major segment of the profession". The Board agreed that while general practice was well represented on the new Councils and the Board, there was still need for a national forum within the C.M.A. for these problems.

The Board directed that the Council and Secretariat consider the possibilities of filling this need either via a continuation of this special committee or by holding an annual two-day congress on "the medical economic and political problems of the G.P." in conjunction with meetings of the C.M.A. Councils concerned.

**Council on Community Health Care**

The Board accepted this Council's report and:

- Appointed Dr. R. J. Weil and Dr. J. E. Moriarty to represent the C.M.A. on the Steering Committee for the National Conference, "Medical Action for Mental Health—Problems of Childhood and Youth". This Conference will be co-sponsored by the Canadian Psychiatric Association, the Canadian Paediatrics Society, the Canadian Mental Health Association, the Canadian Association of Retarded Children, the Canadian College of Family Practice and the Department of National Health and Welfare. It will be conducted in Ottawa, March 11-13.
- Appointed a Committee composed of:
  - Dr. L. Solursh, Chairman
  - Dr. J. Unwin
  - Dr. C. Varvis
  - Dr. R. Halliday
  - Dr. J. Aldous
  - Dr. A. Burditt
 to prepare a C.M.A. Brief to the Commission of Inquiry on the Non-Medical Use of Drugs.
- Appointed Drs. P. C. Gordon (Chairman), K. O. Wylie, F. R. Decosse, Charles-Edouard Michaud and W. A. Paddon to serve as an Advisory Committee to the Minister of National Health and Welfare on the provision of health services to Indians, Eskimos and Isolated Areas.
- Appointed Dr. J. Darte and Dr. A. D. Kelly to the International Health Committee and directed that Dr. J. S. Bennett serve as a member of the CESO Caribbean survey team in November-December 1969. This team will do an on-the-spot survey and evaluation of the CESO program to date—including the C.M.A. provision of volunteer physician activities.

**ALBERTA (Continued)****UNIVERSITY OF CALGARY  
FACULTY OF MEDICINE  
PROGRAM APPROVED**

The Universities Commission and the Government of the Province of Alberta have approved the academic program of the Faculty of Medicine at The University of Calgary as proposed. They have also approved in principle the development of the buildings for the Faculty to be located at the Foothills Health Sciences Site. This represents the end of the first phase of the two years of work and planning.

Many hundreds of hours have been spent in evolving a philosophy and program of medical education directed towards the production of physicians and health personnel for the needs of Canadian people, particularly the people of Alberta in 1975 and thereafter. This date was selected because the first graduates will leave the shelter of the Medical School then and begin providing health services to the populace at large.

The educational program will be centred on a team approach and based on a body systems concept both for teaching and research. In other words, the doctor, from the start of training, will learn to work in close co-operation with other people responsible for providing health care. The subject of his studies will be presented, not as many separate disciplines, each taught as an isolated entity, but as an integrated study of man and his ailments, mental, social as well as bodily.

The curriculum will integrate the so-called basic and clinical medical sciences, so avoiding the teaching of medicine as an oil and water relationship. There will be strong emphasis on ambulatory patient care throughout the whole student career.

This will provide him with experience in family practice and the psychosocial problems of today's society. An active program of self-education is being developed, which will encourage the student to be responsible for a great deal of his own education and to embrace an attitude of self-education and continual lifetime learning.

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- Approved the formation of a special committee on the Medical Aspects of Traffic Accidents under the chairmanship of Dr. W. Ghent and including Drs. Macpherson, N. H. McNally, E. O. Campbell, R. Ransford and W. J. Troup.
- Directed that C.M.A. Divisions and the profession be alerted to recent changes in the Criminal Code regarding therapeutic abortions and the possible resultant problems for small community hospitals and members of termination committees.

The Board also requested that Dr. N. Delarue continue to represent The Association on the Department of National Health and Welfare's Technical Advisory Committee on Smoking and Health.

#### Quebec Medical Association

The Board learned that efforts to join the Federation of Medical Specialists, The Federation of General Practitioners and the Quebec Medical Association into a single unified body have not yet met with success. The proposed new Quebec Medical Association By-Laws—to in effect form a federation of the three groups—denied general practitioners full active Q.M.A. and C.M.A. membership privileges; therefore the Federation of General Practitioners has decided not to join.

At the present time, the whole matter is being restudied by the group concerned. No further action is contemplated until another General Meeting of the profession has been held.

The Board agreed that until such time as the Q.M.A. By-laws have been approved by the Government and submitted to the C.M.A.—to ensure their compatibility with C.M.A. By-Laws, this matter is a provincial prerogative and no national action is appropriate or required.

The next meeting of the Board will be held in Ottawa on November 27 to 29.

#### MEETING OF THE COUNCIL

##### ON COMMUNITY HEALTH CARE, SEPTEMBER 18 & 19, 1969

Chairman: Dr. R. M. Lane  
Secretary: Mr. D. A. Geekie

*Terms of Reference:* "This Council shall be responsible for all matters affecting health and health care within the community itself, and without limiting its terms of reference, shall be responsible for the following specific areas: ageing, cancer, child health, maternal welfare, medical aspects of traffic accidents, mental health, nutrition, physical education and recreation, public health and rehabilitation."

#### Conference on Medical Action for Mental Health

—March 11-13, 1970

The Council approved the C.M.A. sponsorship of this Conference on "The Problems of Adolescence and Youth" in co-operation with the Canadian Psychiatric Association, the Canadian Paediatric Society, the Canadian Mental Health Association, the Canadian College of Family Practice, the Canadian Association of Retarded Children, and the Department of National Health and Welfare.

The three-day Conference will be held in the Château Laurier Hotel, Ottawa, with specific reference to:

Problems of Emotionally Disturbed Adolescents and Youth  
Learning Disorders  
The Physical and Mental Effects of Social Unrest on Children and Youth

Representatives of governments, medical schools, and major medical organizations concerned with these problems will meet as an action conference—to actively outline the problem and to survey inadequacies and ways and means of improving them. The Conference will be largely directed at the general practitioner and pediatricians directly involved with the care of this type of patient.

The Conference will be organized by a Steering Committee composed of: Dr. R. J. Weil, Dr. T. Parkinson, Dr. P. Heaton, Dr. M. Resnick, Dr. J. Moriarty, Dr. J. Griffin, Dr. C. A. Roberts and Dr. A. Roeher. It will be conducted on workshop basis—very similar to the Dalhousie Medical School's Centennial program. Details will be published in future issues of C.M.A.J.

#### SASKATCHEWAN

##### GEN. PRACTITIONER LECTURE, GIVEN AT UNIV. OF SASK.

Dr. C. A. H. Watts, Ibstock, Leicestershire, gave the Hoffmann-LaRoche Lecture at the College of Medicine, University of Saskatchewan in October, choosing as his subject "The Place of the General Practitioner in the Psychiatric Team". The following day Dr. Watts was guest speaker at the Quarterly Conference of St. Paul's Hospital, Department of General Practice, when he spoke on "The Problem of Suicides, Attempted Suicides and the Family Doctor".

—G. W. Peacock

#### DAMP GRAIN, DUSTS

More than 1200 persons have been included so far in a survey involving the effects of damp grain and other dusts on the health of Saskatchewan farmers. Approximately 10% of the farmers questioned have given a history of symptoms of Farmer's Lung.

More conclusive results of the survey will likely be known early next spring, at which time complete reports and recommendations will be released.

#### REGINA REGIONAL SERVICES

Dr. A. Krahn, who has been serving as Medical Health Officer for the Swift Current Health Region, was recently appointed Co-ordinator of Consultant Services in the Regional Health Services Branch of the Department of Public Health of Saskatchewan. In this position he will work on the co-ordination and development of regional and district services plans in co-operation with the consultant staff of the Branch. He will also assist in the management of established programs.

#### UNIVERSITY HOSPITAL, SASKATOON

The provincial government has authorized the University Hospital Board in Saskatoon to proceed with planning phase one of the hospital's three-phase \$29,000,000 master plan for expansion over the next 10 to 15 years. The \$18,000,000 phase-one project is expected to require more than two years of architectural planning and design which is to start immediately. When completed in 1974 the seven-storey phase addition will add over 350,000 square feet of floor area to

### **Therapeutic Abortion—Criminal Code Amendments**

Council reviewed recent amendments to the Criminal Code at the request of the Ontario Medical Association with respect to the legalization of therapeutic abortions. While the amendments follow closely the recommendations of the C.M.A., a few variations will create problems for some areas of the country—particularly smaller communities with a limited number of obstetricians and gynecologists.

- 1) The legislation designates that the Provincial Minister of Health may approve a non-accredited hospital for the conduct of therapeutic abortions. The Council recommended that provincial division offer the assistance of their maternal welfare committee—or other appropriate bodies—to advise the Minister on the approval of such hospitals. The Council also recommended that the C.M.A. approach the Minister of National Health and Welfare relative to the approval of such hospitals in the Northwest and Yukon Territories.
- 2) The legislation indicates that therapeutic abortions may be conducted in "an accredited hospital". The legislation states that such hospitals must be accredited by the C.C.H.A. for medical, surgical, gynecological and obstetrical purposes. The Council pointed out that there are an increasing number of accredited hospitals—in which no obstetrical services *per se* are provided. It is the opinion of Council that therapeutic abortion programs may be properly conducted in accredited hospitals where no obstetric service *per se* exists.
- 3) The Council's interpretation of one of the amendments (although a legal representative of the Ministry of Justice attending the meeting would neither agree to nor deny it) indicates that *a physician who serves as a member of any hospital's termination or therapeutic abortion committee is denied the right to personally perform therapeutic abortions—under any circumstance.* It was Council's opinion that this will create a problem in smaller communities with a limited number of Ob.-Gyn. practitioners. Under normal circumstances these physicians are logical candidates to serve on such committees. While the Criminal Code is a federal statute, it is interpreted and administered on a provincial basis. As a result the interpretation of this legislation may vary from province to province, but it would appear that the above interpretation is quite probable.

The Council recommended that the Minister of Justice be alerted to these potential problems and the view of the C.M.A. that the section in question would be equally effective but more practical if it read:

*"A qualified medical practitioner, other than a member of the therapeutic abortion committee dealing with the specific case, who in good faith. . ."*

The Council also directed that provincial divisions be alerted to this matter with specific reference to obtaining a provincial interpretation from their attorney-general, and suggesting that they offer advisory services to their Minister of Health re the approval of non-accredited hospitals for therapeutic abortion purposes.

The Council will consult with the Canadian Medical Protective Association re the advice currently offered to C.M.P.A. members regarding this subject.

### **Voluntary Sterilization**

Council noted that, contrary to the recommendations of the C.M.A., amendments to the Criminal Code have not clarified the legal position of physicians, hospitals, etc., re sterilization procedures. The subject was also discussed from the viewpoint of civil law, the provincial medical acts, and current advice being offered to members of the Canadian Medical Protective Association. The advice being offered to C.M.P.A. members is currently under review, a report which will be submitted to the next meeting of Council.

### **Medically Disadvantaged Areas—Isolated and Urban**

Following discussions with Dr. J. H. Wiebe and F. A. Hicks of the Medical Services Directorate, Department of National Health and Welfare, the Council agreed to the formation of two special subcommittees to deal with the problem of medically disadvantaged areas.

The first of these committees will deal with areas that are medically disadvantaged through reasons of isolation. This Committee will concern itself with the provision of health services not only for Canada's Indian and Eskimo population but for all segments of the population who are

### **SASKATCHEWAN (Continued)**

provide for the most urgent needs of the hospital. The sub-basement area will also be excavated for future expansion. The service area will be on the first level, outpatient on the second level, and the four top levels will be allotted to clinical space, laboratories and patient care. Only 36 beds are to be added to the present 546 beds. A child health centre involving in-patient, outpatient and specialty units has been included in the plans. Teaching facilities, laboratories, physicians' offices and a dental clinic facility will be provided as well as a number of supporting and service departments.

### **HEART RESEARCH GRANT**

Saskatchewan - based heart research will receive Heart Foundation grants of \$143,210 for the year commencing July 1, 1969.

The grants will be allocated as \$106,310 for 10 separate research projects in medicine and surgery, and \$36,900 for four research fellowships to support four physicians devoting full time to the broad field of heart research. The projects will be carried out in departments of the University of Saskatchewan and the Saskatoon City Hospital.

A new development this year is a grant to be supervised by Dr. J. F. C. Anderson to support a training program for graduate nurses preparing for special duties in coronary care units in hospitals specially equipped for these new techniques. The coronary care unit now undergoing renovation at City Hospital is expected to be ready for training purposes by early fall.

The research fellowships go to Drs. H. S. Sodhi, U. K. Bhalariao, C. H. Pierce, all at the Saskatoon campus, University of Saskatchewan, and Dr. R. Marfil of the Regina General Hospital. At the University of Saskatchewan grants are to be allocated for use by Drs. J. E. Merriman, L. Horlick, H. S. Sodhi, J. L. Lopez, L. B. Jaques, G. B. Sutherland, F. B. Firor, C. H. Pierce and Sergi Fedoroff.

*(Further Provincial News on page 27)*



## **PRESCRIBING INFORMATION**

### **INDICATIONS**

ATROMID-S is indicated where reduction of serum lipids is desirable; e.g., patients with hypercholesterolemia and/or hypertriglyceridemia.

Patients with hyperlipemic states involving elevation of both serum triglycerides and serum cholesterol generally have a more favorable response than those with primary hypercholesterolemia and normal triglyceride levels. However, since response is unpredictable, a therapeutic trial with ATROMID-S should be undertaken in patients with hypercholesterolemia.

In patients with essential hyperlipemia and xanthomatosis, frequently the skin lesions have regressed on ATROMID-S therapy.

### **CONTRAINDICATIONS**

While teratogenic studies have not demonstrated any effect attributable to ATROMID-S, it is known that serum of the rabbit fetus accumulates a higher concentration than found in the maternal serum. Presumably, the fetus may not have developed the enzyme system required for the excretion of ATROMID-S. Young women with familial hyperlipemia should not be deprived of this drug, and its use in nonpregnant women of child-bearing age may be undertaken in patients exercising strict birth control procedures. In patients who then plan to become pregnant, the drug should be withdrawn several months before conception.

As pregnancy may occur despite birth control precautions in patients taking ATROMID-S, the possible benefits of this drug to women of childbearing age must be weighed against possible hazards to the fetus. Since it is not known whether ATROMID-S is secreted in human milk, the drug should not be given to lactating women.

This drug is not, as yet, indicated in children since studies in children have been insufficient.

It is not recommended for patients with impaired renal or hepatic function. For Precautions and Adverse Reactions, see Compendium of Pharmaceuticals and Specialties.

### **DOSAGE AND ADMINISTRATION**

For adults only.

The recommended dose is one capsule (500 mg) four times daily.

### **AVAILABILITY**

No. 3243 — Each capsule contains 500 mg clofibrate, in bottles of 100. Further information, references, and scientific brochure available on request.

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denied adequate health services owing to physical isolation. The Committee will be composed of a roster submitted by provincial divisions—physicians who have had considerable experience in this area.

This Committee will be subdivided into groups to correspond with the six administrative regions of the Department of National Health and Welfare—Atlantic, Quebec, Ontario, Prairie, Pacific, Territories.

The nucleus of the Committee chaired by Dr. P. C. Gordon will serve as the C.M.A. Advisory Committee to the Honourable John Munro re the provision of medical services for Canada's native population.

### **Metropolitan Problem**

The Council discussed at some length the question of medically disadvantaged urban areas. It was agreed that while inadequate services to Indians, Eskimos and others who live in remote areas warranted and had received special attention, many of our urban population also receive inadequate health services. Of particular concern are those segments of large urban communities who live "in the shadow of our most advanced teaching hospitals yet obviously receive substandard service".

A special subcommittee under the chairmanship of Dr. G. LaSalle of Sherbrooke will conduct a study relative to this question with particular reference to ghettos and language isolated communities. This Committee will include representatives from the Canadian College of Family Practice and medical student groups who have been directly involved with the provision of service in such disadvantaged areas. The Committee was specifically requested to study the question of the availability and utilization of health services in medical teaching dominated hospital areas where the declining number and availability of general practitioners has created a shortage of "first-line care". The subcommittee was also requested to consider the effect of declining availability of beds for non-teaching practitioners on the level of health care in these communities.

### **International Health**

Dr. John Bennett was appointed to serve as a member of the Canadian Executive Services Overseas team to conduct a re-survey of the Canadian Caribbean Aid Program in November.

During the past year and a half the C.M.A., under the direction of Dr. A. D. Kelly, has recruited and provided over 40 volunteer physicians for various Caribbean Islands.

The survey team composed of a CESO representative, a physician, a dentist and a teacher will conduct an on-the-spot review of the effectiveness of the program. Subject to the results of the survey, the C.M.A. will proceed with or alter its participation.

In a detailed report to the Board of Directors in June, Dr. Kelly outlined the advantages of comprehensive pilot programs serving a few islands rather than the "finger in the dyke approach" that the program has followed to date.

Mr. L. Jacks, Education and Medical Services Co-ordinator for CESO, outlined recent advances in the program—including the availability of funds for pharmaceuticals for the use of each visiting volunteer physician and the provision of large supplies of drugs through the Canadian Association of Medical Students and Interns and the Pharmaceutical Manufacturers Association of Canada.

The recent tabling of the Report by the Commission on International Development by its Chairman and former Canadian Prime Minister, The Rt. Hon. Lester B. Pearson, has added impetus to Canadian interest and participation in this program. Dr. G. F. Brown has recently been appointed as a full-time medical consultant to the Canadian International Development Agency—which of course is the agency of the federal government vested with responsibility for Canada's International Aid responsibilities.

A new International Health Committee for the C.M.A. was appointed under the chairmanship of Dr. J. Darté to supervise this aspect of The Association's program.

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### **Drug Abuse**

The Council appointed Drs. L. Solursh, J. Unwin, C. Varvis, R. Halliday, J. Aldous and A. Burditt as a special subcommittee to prepare a C.M.A. brief for presentation to the Commission of Inquiry into the Non-Medical Use of Drugs.

The Committee submitted its proposed brief to the C.M.A. Executive Committee on October 30 and will present its material to the Commission in Montreal on November 7. This Commission has been handed the unenviable task of detailing Canada's drug abuse problem—"how big is it growing, at what rate, what's causing it, is marijuana really a problem?" and the even more difficult question to answer, "what can or should we do about it?"

### **Criminal Code—Narcotics Control and Food & Drug Act Changes**

Dr. A. Hardman, Assistant Deputy Director General of the Food and Drug Directorate, provided the Council with an outline of recent changes in these Acts. He outlined in some detail the establishment of a new schedule J under the Food & Drug Act (restricted drugs) making it illegal to be in simple possession of restricted drugs, LSD, DET, DMT, STP, DOM. He indicated that the law now provides the courts with considerable more flexibility to deal appropriately with first offenders found possessing restricted or controlled drugs versus traffickers, versus repeated offenders, etc. Dr. Hardman pointedly indicated that marijuana is not included under Schedule J as it was not included under the International Protocol of the Single Convention and therefore remains in the narcotics schedule. However, again flexibility in penalty has been provided for the courts in dealing with offenders.

The Council requested that the Editor of C.M.A.J. consider the publication of an article on this subject for clarification of the profession as soon as possible.

### **Medical Aspects of Traffic Accidents**

The Council approved the formation of a special subcommittee to continue The Association's activities in this area. It was specifically requested to study the question of community vs. private ambulance service, future activity of The Association re the promotion of seat-belt utilization, the most satisfactory type, effectiveness and safety of seat belts during pregnancy, and effective hospital emergency services for motor vehicle accident victims. The Committee was asked to study the advisability of restricting and publicly designating hospitals in larger communities to receive motor vehicle accident victims.

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### **ONTARIO SPEECH & HEARING ASS'N MEETING, TORONTO, NOV. 6-8, 1969**

The eleventh annual convention of the Ontario Speech and Hearing Association will be held on November 6, 7 and 8 at the King Edward Sheraton Hotel in Toronto. Topics to be discussed will include auditory disorders, childhood voice disorders, cleft palate, specific learning disability and stuttering. This Association is a professional body which is concerned with the advancement and proficiency of the fields of speech pathology and audiology. Further information about this convention may be obtained from: Miss A. Power, Speech and Language Clinic, Hospital for Sick Children, 555 University Avenue, Toronto 101.

### **APPOINTMENT IN BIOMEDICAL ELECTRONICS, QUEEN'S UNIVERSITY**

Philip J. Lowe, B.Sc., M.Sc., Ph.D., has been appointed lecturer in the Department of Surgery and in the Biomedical Electronics Unit at Queen's University.

A native of England, Dr. Lowe is a graduate of the University of Manchester Institute of Sciences and Technology in production engineering. He gained his M.Sc. in Tool Technology, where his specialty was fluidics.

Dr. Lowe obtained his Ph.D. in bio-engineering at the University of Strathclyde, Glasgow, his thesis being concerned with the evaluation and assessment of above-knee amputees.

### **MANITOBA**

#### **Kidney Transplant Team to be Established in Winnipeg.**

The Winnipeg General Hospital has authorized the formation of a team to perform kidney transplants on patients with renal disease. The decision came as the result of the success of the renal dialysis unit which was opened at Deer Lodge Hospital in 1962 and was transferred to the Winnipeg General Hospital in July 1967. The names of the surgical members of the renal transplant team and those of tients and donors will not be revealed.

The recent arrival of Dr. Alec Sehon and his group of 35 scientists from Montreal aided in the setting up of the kidney transplant team. Dr. Sehon's group will deal with the problems of immunology, so important in the success of implanting organs.

—Ross Mitchell

### **ONTARIO**

#### **MEDICAL DIRECTOR, RIDEAU VETERANS HOME, RETIRES**

Dr. M. J. Howard has retired as Medical Director of the Rideau Veterans Home, Department of Veterans Affairs, Smyth Road, Ottawa, an appointment he has held since 1945.

Dr. Howard received his medical degree at Queen's University in June 1931. He interned at the Ottawa General Hospital and was the resident physician at the Strathcona Hospital in Ottawa from 1932 to 1934. He was in practice in Ottawa from 1934 until 1940, when he joined the Royal Canadian Army Medical Corps. He served with a Field Ambulance Unit in the United Kingdom and returned to Canada in 1942 to become President of the Medical Board for the Department of National Defence.

In 1943 he was senior medical officer for the Ottawa area and remained at this post until 1945, when he retired with the rank of lieutenant-colonel. Dr. Howard was born in Ottawa in 1902 and has lived in the Capital all his life except for the period of his university training and war service.